FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000037961 (6)

REMBRANDTZ, INC.

Principal Place of Business

Mailing Address

FILED May 08 1998 8:00am Secretary of State



131 KING STREET 131 KING STREET ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/11/1995 2a. Mailing Address FEI Number Principal Place of Business Applied For Not Applicable 21 59-3346723 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent DOTEN. LYNNE H 26 DRUM POINT Street Address (P.O. Box Number is Not Acceptable) 82 ST AUGUSTINE FL 32084 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am lamiliar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or panted name of tegrstered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DÈLETÈ Change Addition 1.1 TITLE PVST TITLE HUNT, KIMBERLY DOTEN LYNNEH. NAME 1.2 NAME **131 KING STREET** STREET ADDRESS 1.3 STREET ADDRESS **ST AUGUSTINE FL** AUGUSTNE, FL 3209L 1.4 CITY-ST-ZIP CITY-ST-ZIP PTD DELETE Change Addition 2.1 TITLE TITLE DOTEN, LYNNE H DOTEH, LYPHE H. NAME 2.2 NAME 26 DRUM POINT 2.3 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL ST AUGUSTINE FL 32084 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITL F NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIF Change DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREE1 ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address

11/10/200